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Using Work Based Learning in the School of Health and Social Science

Barbara Workman and Katherine Rounce

Learning through work has long been a central feature in the training and education of health care professionals, particularly nurses, so transferring principles of (WBL) to the School of Health and Social Sciences (HSSc) built effectively on previous structures and fundamental principles of learning in the workplace. HSSc is a large multi-vocational school of the university and the Work Based Learning and Accreditation Unit (WBLA) works across a wide spectrum of activity, offering modules and awards in WBL, from health care assistants at levels 0/1 (Workman 2004), to senior health managers working at board level within the NHS who are enrolled on the Doctorate in Professional Studies in Health (Rounce et al 2005). WBL programmes and components have become increasingly embedded into the HSSc curriculum at Middlesex University and have a wide appeal to both academics and practitioners alike. This chapter will review the variety of ways that aspects of the work based learning curriculum have been used within the school and some of the challenges and opportunities that WBL has presented to the school.

The school began its involvement with WBL firstly in 1996, initially as a means to confer academic credit to extremely knowledgeable and skilled nurses who were enrolling on the Diploma in Women's Health Care, enabling them to concentrate on gaining new knowledge, rather than revisiting previous learning. It was through this that the value of accreditation of prior learning was learnt and thenceforth the possibilities for using a whole range of WBL activities and approaches became apparent. Initially, it started in a small way, fulfilling the needs of a few individual students who had specific learning requirements that could not be easily accommodated within standard programme structures and who needed additional flexibility in order to meet their learning and work needs. This then grew into the use of whole academic WBL programmes which enabled students and their sponsors to negotiate their learning and development needs, timescale and focus of the programme, yet gain a Higher Education award which also recognised their previous learning, including organisational training. This latter being particularly pertinent to the NHS at the time, as it coincided with rapid changes and NHS modernisation, requiring much inhouse training to be undertaken by health service professionals, but which had no formal recognition by any educational bodies. The modernisation of the NHS and consequent demands for responsive and flexible academic programmes came at an opportune time for WBL in HSSc and several cohorts of Post graduate students were recruited to follow the standard WBL programme structure as described in chapter one.

Coincidentally within the University a variety of changes and mergers resulted in two schools being merged into a larger school and an opportunity arose for a Work Based Learning and Accreditation (WBLA) Unit to be formed as part of restructuring working groups and practices. Initially the Unit was located within the Business Development Unit which had emerged from funding designed to exploit the business potential within schools to gain new markets from short courses, consultancy and research. This location was not without its tensions because the consequence was that the WBLA Unit was perceived not to be academically credible by some people and by locating it within a business framework it was perceived to emphasize business rather than education. Staff were continually having to explain the purpose and function of the

Unit and eventually it was separated from the Business Development Unit and transformed into an academic group, which equated to other academic subject groupings within the schools. Currently, as befits an emergent discipline, both in terms of a new subject and introduction to a new school, the Unit occupies a unique niche within the university, working in a matrix fashion across two schools, and thereby forming partnerships both within the university and increasingly with external organisations. The Unit worked closely with the then NCWBLP and shared the award for the Centre for Excellence in Teaching and Learning in Work Based Learning in April 2005. The Unit was expected to be financially viable and to work across the School in an encouraging and responsive manner and to develop structures and processes such as accreditation boards and programme approval panels that support school activities. It has also played a central role in the management and development of a Professional Doctorate in Health and Environmental Sciences, which includes accreditation of prior experiential learning as part of its programme (Rounce et al 2005).

Experiential or work based learning within health care is not new, but is likely to have been termed clinical or practice experience or in-service training which differs significantly from the traditional apprenticeship learning associated with nurse training. These terms reflect the notion of WBL as a 'mode of study', where the practice experience is the source and intent of the learning activity with pre-determined learning goals. Alternatively, WBL can be confused with delivery of learning in the work place rather than taking place in an external academic environment. The WBL approach that we offer differs from these examples in that the presupposition is that valuable learning occurs not just *at* work but also *through, from* and *in* work, and therefore knowledge is situational rather than just discipline specific. It does not depend on the delivery of academic knowledge as a main factor in the learning process, but prefers a learner orientated focus of enquiry. As such it informs, empowers and enhances efficacy through the development of new insights and knowledge for the learner, and impacts upon the community of practice, generating new knowledge for the community or organisation (Garnett 2005). An example of this are the post graduate cohorts recruited to the HSSc WBL programmes who were often initiating new practices and knowledge within the health service as a result of them undertaking an academic programme where much of their new learning and knowledge was captured as part of their final WBL projects, rather than lost in the organisation.

The WBLA unit offers the whole range of WBL programmes as validated by MU and also works with over forty organisations from across the public, private and voluntary sectors including the Department of Health, by accrediting employer based training programmes. This accreditation has produced some surprising results, engaging and stimulating the participation of academics from different subject disciplines within the school. The accredited programmes represent diverse subject disciplines found within the School and include a range of activities varying from swimming teachers, organisational security, counselling, induction and orientation programmes in the health care sector, and in some instances includes service users together with in-service training for health care professionals.

An analysis of the use of WBL within the school can be seen as one which reflects a continuum (Workman 2003) within which WBL is facilitated. This continuum begins where the learning is prescribed, and is outcomes driven, usually by the organisation, profession or curriculum. This could be likened to the National Occupational Standards of specific competence which provide a

minimum standard and aims to provide a consistent standard of competence; a process which the majority of healthcare organisations are currently familiar with. An example of a prescribed programme that was created and accredited by us in partnership with local Primary Care Trusts is that of an initial training and development programme for health care assistants in General Practice that was devised and to some extent delivered by the WBLA unit (Workman 2004). It provided a foundation for health care assistants to gain initial skills before progressing onto an NVQ programme or application to the pre qualification nurse education programme. Such programmes are examples of widening access to HE, as well as being an exemplar of the way the WBLA Unit contributes to other programmes not only those of WBL, but also to the general provision within the school.

The WBL continuum extends towards autonomous practice where an individual's capabilities are developed through work as described by Stephenson (1998). This end of the continuum is characterised by individualised negotiated learning, emphasizing the learning process rather than or in addition to, a specific product as defined by the learner, although may be influenced by organisational needs. The learning activity is negotiated by the learner who determines a path of study that reflects her organisation's requirements, her personal learning needs and timetable, and its processes are framed by the WBL programme requirements. Examples of this are partnerships that have been made with the NHS Modernisation Agency and Cancer Services Collaborative to provide an opportunity for practitioners working on health service improvement projects to gain a Masters degree in work based learning simultaneously. By focusing on work as the curriculum (Boud 2001), and by developing transferable skills of research and development within service improvement projects, learners were able to integrate much of the service improvement training into their individualised programmes as accredited learning, utilising and consolidating project management with critical appraisal and analytical skills to become, as a colleague aptly termed it; 'scholarly professionals'. These skills are then the abiding legacy of WBL as a 'field of study' (Costley & Armsby 2006).

The relationship that has been developed between the unit and the WBL students and organisations is based on partnership and negotiation, with the academic role being one of a facilitator and guide rather than subject expert. These are particular challenges for academia as the knowledge that is developed and used within programmes is owned not by the University, but by the practitioner and his or her community, particularly within the Doctorate programme, where the level of practitioner expertise may be greater than that of academic staff (Rounce et al 2005), thus presenting further challenges to academic culture and practice. These challenges to the academic world may result in insecurity and resistance behaviour by traditional academics towards WBL programmes. It tends to elicit responses that question the probity of the programmes, the value of the knowledge that is generated and the academic role in teaching, learning and quality assurance processes. Perhaps these same academics have forgotten how early professionalisation of subjects such as Medicine and Science started with practitioners observing their practice and then researching it within the academy in order to create a body of knowledge to pass onto the next generation of practitioners (Greenwood 1966). By this same token then, WBL has been used by those learning from their work practices and contexts for a number of centuries, although in many different forms.

There is a wealth of knowledge and research about work, although this has been identified by academics who act as outsiders looking in. WBL provides a rare opportunity for those inside to explore their own community and practice, to capture knowledge from inside whilst also reflecting upon the networking and organisational processes this involves. The epistemology of practice is rooted in the creation of use; of practical knowing through the identification of frameworks and maps, rather than by codification. It is contractual in nature and represents a true transfer of power. This power is concentrated on learning and change, and is ideally suited to professional practice and to the development of better skilled, more highly qualified and flexible workers that are responsive not only to the modernisation needs of the health service, but also of other emergent professions (as described by Fillery -Travis et al in chapter X).

Positive outcomes of negotiated WBL pathways reflect learning that is responsive to adult learning theory (Knowles 2005), as it is relevant to the student's readiness to learn, it builds on their life and work experience and enhances it. As the programmes progress participants are orientated towards learning by utilising problem solving approaches to work, thus allowing a reframing of the work situation. Health care practitioners find this particularly attractive as it is both work focused and dynamic with a pragmatic response to practice issues. The prescriptive end of the WBL continuum is left behind as it moves towards developing autonomous learning by using structured learning activities such as learning agreements, but which also require a degree of self direction, such as negotiation of personal goals. Progression through the programme extends independent learning thus moving an individual along the WBL continuum, although the degree to which this is accomplished depends upon the academic level and the quality of analysis and syntheses that is required. Altogether the path along the WBL continuum fosters internal motivation towards learning and promotes reflective learning as each stage in the curriculum encourages the learner to develop skills of reflection upon work, which results in recognition and articulation of new learning being incorporated into their WBL award. The concept of reflection upon practice as key to professional practice development (Schön 1987) is well known in nursing, and therefore nurses generally find it easy to respond to WBL learning strategies although some health care practitioners find reflection a challenging activity as their previous learning experiences tend towards scientific positivist approaches that exclude variables such as the unpredictable human element out of research and critical inquiry, and as such are less comfortable with reflective learning, which involves challenging assumptions and behaviours. Some of these factors may account for the responsive and positive uptake of WBL approaches within nursing rather than in some other allied health areas, although anecdotal evidence within HSSc indicates that attitudes are changing, and other allied health care professionals are keen to explore the potential within reflection upon learning.

Subject areas within the school other than health which have worked with the WBLA unit include Environmental health, Criminology, Flood Hazard Centre and Sports Science. Several of these have become involved through the accreditation of organisational training programmes, but also the application and use of different teaching and learning approaches as used in WBL have made a contribution in these subject areas.

WBL programmes are mainly used by those students who choose WBL because it responds the uniqueness of their learning environment, especially where a university programme may not be available due to a small market which cannot fulfil an HEI's recruitment and viability criteria of

a validated programme. This is particularly pertinent for practitioners working in new roles such as service improvement facilitators or leaders, clinical matrons or nurse practitioners. There have been a few cohorts whose experience as work based learners arose from unique circumstances and whose programmes have been independently evaluated. One such was a cohort of experienced mental health nurses who had been maintaining a mental health service against a background of restructured services, funding cuts, and shortages of adequately trained staff. They had a number of student mental health nurses coming through their departments during their training, but had not had the opportunity themselves to be further developed by additional education. Consequently they were experiencing difficulties in gaining promotion as they did not have recognisable qualifications, and although they had undertaken major projects within the service, such as closing or opening new services, there was no mechanism for formally recognising this (Laycock 2006). Undertaking a WBL first degree or masters allowed them to gain recognition for their previous achievements, acquire new academic skills to complement their work based skills and promote career advancement (Beadsmoore et al 2001). An interesting factor relating to this cohort was that several of them deferred stages of their programme due to competing priorities of work and home life, but then much later, subsequently rejoined the programme and completed it, but within their own time frame. It would appear that the option to undertake it at their own pace was significant, in order that they as learners, could retain the locus of control over their learning.

The nursing programmes within the School have used components of the WBL curriculum to augment their curriculum content. The BSc (Hons) Nursing Studies uses three core components in a variety of ways. The review and accreditation of learning module provides a useful vehicle to enable experienced nurses to make a claim for experiential learning (APEL) and complete their degree programme more quickly. Typically nurses would have qualified prior to the introduction of the Diploma in Higher Education (Project 2000), and only had 120 CATS points at Certificate level for their registered Nurse training. They may have undertaken some additional modules, often at graduate level, to develop their clinical skills or teaching and mentoring skills, but these were often over five years old and therefore the credit rating on them was theoretically obsolete. These were often nurses in senior management, teaching or clinical positions where a degree is virtually mandatory, particularly if career progression was required. The use of accreditation enables claims not only for experiential learning from practice to gain valuable credits towards a degree, but also to recognise credits from modules over five years old. The accreditation process enables the use of evidence to demonstrate that certificated learning over five years old is still relevant and has been recently updated and contributes to current practice and clinical knowledge, thereby enabling the credits to become eligible to be recognised as part of the degree.

This is particularly important for nurses in London, who may move from one post to another within the capital, be sponsored by different NHS Trusts and therefore gain qualifications from different Higher Education Institutions for professional development courses, which are financed with public money through the NHS funding streams. As public services, both the NHS and Higher Education have a responsibility to recognise credit acquired from equivalent institutions and provide a vehicle for recognition of academic endeavour and public investment. Recognising the value of previous certificated learning towards an overall degree award is a cost

effective way of acknowledging students academic endeavours and the investment of public funds into the national health care industry.

Another dimension to recognising prior learning can be found in community nursing. An ageing workforce, particularly of district nurses and health visitors means that their initial preparation for practice in the community did not carry degree level credits, but new staff that are now supervised and trained qualify with degrees, resulting in the experienced staff feeling inferior, undervalued and unappreciated. Being able to acknowledge their range of experiential learning and consolidate it towards a degree boosts morale and re-energises the workforce, which together with the opportunity to undertake a work based project, benefits the primary care team and gives added value to the academic award.

The BSc Nursing Studies programme uses the principles of a learning agreement from the WBL curriculum to ensure programme coherence, and provides students with the opportunity to make a case for an award title that recognises their area of expertise and draws their learning together. The validation of the programme expressly incorporated these features to enable a flexible approach to meet the educational and developmental needs of nurses.

The final WBL component that has been used within the nursing Degree framework is that of the WBL project. These are validated in 20, 30 40 and 60 credit formats at Degree level, which allow articulation with the rest of the University provision and can make up credit deficits that students may present with. The use of 20 credits is popular as part of a bigger award of an Advanced Diploma (60 credits at graduate level), which builds upon a clinical practice course such as Diabetes or Rehabilitation, and by undertaking a WBL project as the final component of this, it enables consolidation and application of new learning into clinical practice. A WBL project differs from a dissertation as it demonstrates a range of practical capabilities in the work place and focuses on activities within the workplace leading to a product. This product is a useful outcome of the learning activity, and often reflects a real need within clinical practice. The project process aims to develop the learner's personal and professional knowledge by using research techniques that can be applied to the work place, uncovering knowledge from the work activity, which is then embedded into work practices. This then contributes to the organisations' knowledge and contributes to the 'intellectual capital' (Garnett 2005) of an organisation. Typical examples of work based projects that contribute to clinical practice include a review and update of an immunisation policy within a Primary Care Trust (PCT), which also explored and catered for the policies of neighbouring PCTs so that movement of clients from one trust to another would not compromise the immunisation status of other clients. Another project reviewed the palliative care provision within the trust as a prelude to planning service development. Another popular approach is to undertake an audit of current practice; e.g. the use of inhalers and nebulisers in a children's ward, as a prelude to developing training programmes and updates in a particular nursing intervention. These are not the traditional form of final dissertations, but give the learner experience in carrying out a real time project at work that uses research skills, but, more importantly, provides the learner with transferable skills, such as literature search and critique, data collection and analysis from a range of qualitative and quantitative sources, which are applicable to every day work. The majority of the learners we work with do not consider themselves as researchers, but a number of them have had to undertake a project at work

anyway, so the WBL project process formalises and provides a vehicle for consolidating their project management and enquiry skills and demonstrates their practice capabilities.

An additional benefit for the learner from the WBL project, includes a contribution to his or her personal career development as well as having practical outcomes for the organisation and academic recognition for the work. Work based learning projects tend to have an element of impact upon practice or a degree of change within them, which may be fully or partially explored in the project depending upon its size and scope. This can enable the learner to develop skills as a change agent within the organisation, together with associated skills such as enhanced communication and dissemination strategies.

Within the university procedures, a particular feature of the WBL project that is well used by learners, is that of automatic deferral of assignment submission without penalties. As these are real time projects, factors such as changes in funding or job role, workload pressures, relocation or redeployment are an ever present reality and the learner has the option of deferring submission of their project when “life gets in the way” of a study programme, as very often it does. This enables the programme to be responsive to work schedules without adding additional unnecessary pressure to the learner during a time of work difficulties. Surprisingly few learners fail to return to complete their studies, but many appreciate the flexibility that deferment brings.

During a recent revision of the academic framework of the University the WBLA Unit were able to contribute to the development of a range of programmes that included some of the principles of WBL within them. These have included aspects such as a negotiated learning agreements and the use of portfolios for assessment within some of the more unusual health care fields such as Herbal or Chinese medicine. Some of the post graduate programmes have been designed to allow students to choose a work based route or a traditional dissertation route to complete the award to allow students to determine the most appropriate learning pathway for themselves. As the WBL route requires less attendance at university this often makes the decision for the student as there are increasing difficulties in getting funding or study time from practice areas, and therefore not having compulsory attendance times is a strong factor in its favour. A disadvantage of this is that the student may not be adequately prepared for being a self-directed learner as they have been used to formal taught sessions and the change in mode of programme delivery may be a challenge that can initially require a lot of academic support. The opportunity to use organisational training days as part of an accreditation claim has offered a model for continuous professional development (CPD) update days run by some health care programmes. The incorporation of such days into the academic calendar, with the option to turn these into WBL awards by accrediting them or including a WBL short project has been adopted by some subject areas within the school as a way of attracting prospective post graduate students.

The WBLA unit has been able to offer valuable advice on accreditation for both individuals and organisations. The collective experience of the members of the unit, together with a full knowledge and understanding of the university regulations and permutations of the WBL curriculum allows staff to suggest ways in which programmes can be customised to meet purchasers requirements, resulting in a flexible, ‘can do’ response to most questions of programme design. Accreditation of external programmes has opened new market opportunities for example in nutrition, osteopathy and counselling. The opportunity to undertake accredited

training programmes in the work place also encourages individuals to come to the university to formally complete their award by undertaking a proportion of Middlesex modules, the requirements usually being one third of the total programme being under the control of the university, thus allowing two thirds of accredited activity from a range of sources to be included within a programme. A recent revalidation of the social work programme was able to incorporate accredited training by one of our partnership boroughs to supplement the post qualifying social work courses in mental health, thereby involving a wide range of stakeholders in the validation process and incorporating valuable multi-disciplinary working practices and knowledge into the new programme. This has opened up new possibilities for the use of WBL within a subject area of the school where previously professional body requirements and traditional approaches to HE have placed constraints around the use of WBL activities.

The range of benefits from the relationship between the NCWBLP and WBLAU has been two way. The opportunity to use WBL practices and procedures has demonstrated the flexibility and potential of the WBL curriculum. The emphasis on evidence based practice within HSSc has influenced the WBL programme, and an increased awareness of ethical factors in practice has led to deeper consideration and understanding of ethical and confidentiality issues for all WBL learners who are learning and investigating inside their work. Experienced academics in HSSc are used to facilitating learning from practice due to personal experience of teaching in the practice areas and applying theory for and to practice, and as demonstrated from this discussion of the WBL curriculum, it does not take much ingenuity to progress along the WBL continuum towards increasingly negotiated learning, resulting in learners who are equipped with lifelong learning skills.

Additionally, using the WBL curriculum within the school programmes and learning activities includes learning that is clearly work focused with expected outputs which demonstrate evidence of new learning and application. Both the facilitator and student are aware that the requirements of the programme are pragmatic and can be responsive to work place developments and changes. Frequently trans-disciplinary interaction and learning at work are involved, especially within accredited programmes and the project element and activities. The design of the WBL framework, with negotiable content by an individual, provides a framework that can transfer to a wide variety of contexts and which is responsive to a number of customer demands. The use of accreditation for both individuals and organisations uses knowledge and training from the workplace without duplication of effort and resources, which, in this cost conscious age of public services, is crucial.

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